



Minnesota Board of Cosmetologist Examiners  
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## Military Temporary License Application

This expedited application allows an active duty military member, the spouse of an active duty military member, or a two-year veteran to obtain a temporary Minnesota operator license using current licensure in another state. Once all elements are complete, a Temporary Operator Military License will be issued for **ONE** year.

### **The following items must be submitted for your application to be processed:**

#### ◆ **Letter of License Verification from each state in which you have held a license**

Contact each state to have this letter mailed directly to the BCE office. These letters are only valid for 90 days and should certify a current active license and any history of disciplinary action. A Letter of Verification will need to arrive at the BCE office before this application can be processed. Please note that Letters of Verification may take time to be sent from your previous state(s).

#### ◆ **Copy of current license**

A copy of your current cosmetologist/esthetician/nail technician license must be attached to this application. Operator licenses may only be granted as in the field of the current license. Any other license types will not be granted using this process.

#### ◆ **Documentation of military status**

One of the following must be attached to this application:

- ◇ **DD Form 214** for an active duty military member
- ◇ **DEERS/Military ID or spouse's DD Form 214 plus a marriage certificate** for the spouse of an active duty military member
- ◇ **DD Form 214** for a veteran who has left service in the past two years and has confirmation of an honorable or general discharge status

*Note: If you do not meet one of these qualifications, you are not eligible for this license type.*

#### ◆ **Current criminal background study**

This study must be attached to this application.

#### ◆ **Payment of \$100**

Checks or money orders must be made payable to "BCE".

**A complete application will be  
processed within 5 business days.**

### **Applicant Information**

4/2015

Name		Street Address	
Social Security Number		City, State, Zip Code	
Phone Number		Email Address	

### **License History**

Current State(s) of Licensure	
License Type	
Current License Number	
Original License Date	
License Expiration Date	
Other State(s) of Licensure	

### **Military Status**

- ☐ Active duty military member
- ☐ Spouse of active duty military member
- ☐ Recent veteran (left service in past 2 years)

### **Certification**

The data which you furnish on this application will be used to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the BCE may be unable to process this application. Disclosure of your Social Security number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. Then BCE may use your Social Security Number for revenue recapture as authorized by Minnesota Statutes, Chapter 270A. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

**I certify that all information submitted within this application is true and correct.**

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For BCE Office Use Only:	Amount:	C/MO #:	Processor:	Date Processed:
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